Assisted Human Reproduction Canada

2012-13

Report on Plans and Priorities

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Minister of Health

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Minister's Message

It is my pleasure to present the 2012-2013 Report on Plans and Priorities for Assisted Human Reproduction Canada (AHRC), the federal regulatory agency established to protect and promote the health, safety, dignity and rights of Canadians who use or are born of assisted human reproduction (AHR) technologies.

AHRC continues to undertake its responsibilities under those provisions of the *Assisted Human Reproduction Act* that are in force and provides meaningful information to those Canadians and professionals impacted by *the Act*. It does so through a judicious use of its funds in ensuring that its activities are carried out in a cost effective manner and in support of government priorities.

The Government of Canada will take steps to meet its continuing responsibilities under *the Act* while respecting the opinion of the Supreme Court of Canada on the constitutionality of certain provisions of *the Act*. I am confident that AHRC will help advance the health, safety, dignity and rights of Canadians building their families through AHR and of those born from such technologies.

Leona Aglukkaq, P.C., M.P.
Minister of Health

Section I: Organizational Overview

Raison d'être and Responsibilities

Assisted Human Reproduction Canada (AHRC) was created in response to a 1993 recommendation from the Royal Commission on New Reproductive Technologies, which called for the Government of Canada to establish a national agency to provide a safe and ethical framework for assisted human reproduction (AHR) activities and related research. Legally established under the *Assisted Human Reproduction Act* in 2006 and opening its doors in 2007, AHRC is mandated to administer and enforce the *AHR Act* and related regulations in order to protect and promote the health, safety, dignity and rights of Canadians who use or are born of assisted reproductive technologies.

In 2012–13, as the government considers the SCC opinion, AHRC will continue in accordance with the *Assisted Human Reproduction Act* to:

- Promote compliance and enforce the AHR Act related to the prohibitions;
- Provide information to the public and to the professions respecting assisted human reproduction and related matters, and respecting risk factors associated with infertility;
- Monitor and evaluate developments within Canada and internationally in assisted human reproduction and related matters;
- Consult persons and organizations within Canada and internationally; and,
- Provide advice to the Minister on assisted human reproduction and related matters.

These activities contribute to the Government of Canada's whole-of-government framework commitment to "Healthy Canadians" by helping to maintain and improve Canadians' health.

Strategic Outcome and Program Activity Architecture (PAA)

In advancing this progressive mandate, the Agency strives to achieve the following strategic outcome:

> Protection and promotion of health and safety of Canadians in relation to assisted human reproduction and related research, within a sound ethical framework.

The chart below illustrates Assisted Human Reproduction Canada's complete framework of program activities, which roll up and contribute to progress toward the Agency's strategic outcome.

Strategic Outcome:
Protection and promotion of health and safety of Canadians in relation to assisted human reproduction and related research, within a sound ethical framework.

1.1	1.2	2.1
Regulatory Compliance Program	**Knowledge Transfer Program**	**Internal Services**

Organizational Priorities

Priority	Type[1]	Program Activity
1. Promote and enforce the legislation and regulations	Ongoing	Regulatory Compliance Program

Description

Why is this a priority?

Promoting compliance and enforcement of the *Assisted Human Reproduction Act*, a legal instrument and legislation that underpins the raison d'être and responsibilities of the Agency.

Plans for meeting the priority

- Continuing to develop comprehensive tools to inform and assist relevant parties such as lawyers, medical practitioners, embryologists, patient groups, and the public in understanding and complying with various aspects of the AHR Act.
- Continuing identification, communication and compliance monitoring activities with regards to the prohibitions.
- Continue to collaborate with law enforcement authorities and professional bodies to educate them about, and engage them in enforcing, as necessary, the prohibitions of the AHR Act.

[1] Type is defined as follows: **previously committed to**—committed to in the first or second fiscal year prior to the subject year of the report; **ongoing**—committed to at least three fiscal years prior to the subject year of the report; and **new**—newly committed to in the reporting year of the RPP or DPR.

Priority	Type[2]	Program Activity
2. Foster the application of ethical principles in all facets of AHR activity	Ongoing	Regulatory Compliance Program

Description

Why is this a priority?

Canadians want assurances that the technological innovations pertaining to AHR are consistent with their values. AHRC seeks to educate through the use of comprehensive tools these innovations in order to build a higher level of understanding amongst a diverse stakeholder community. AHRC must achieve a balance which upholds Canadians' ethical standards and which promotes the rights and dignity of AHR users and offspring.

Plans for meeting the priority

- Ongoing work to establish mechanisms and networks that provide guidance and facilitate best practices in order to protect and promote the rights and dignity of those impacted by AHR.
- Continuing to integrate ethical considerations, aligned with Canadian values, into all its relevant activities to reflect the sensitive nature of AHR and to uphold the rights and dignity of AHR users and offspring.

[2] Type is defined as follows: **previously committed to**—committed to in the first or second fiscal year prior to the subject year of the report; **ongoing**—committed to at least three fiscal years prior to the subject year of the report; and **new**—newly committed to in the reporting year of the RPP or DPR.

Priority	Type[3]	Program Activity
3. AHRC is a centre of expertise on AHR	Previously Committed to	Knowledge Transfer Program

Description

Why is this a priority?

Transfer of knowledge pertaining to AHR is critical for medical stakeholders, patient groups and the general Canadian public.

Plans for meeting the priority

- Continuing to develop strategic relationships domestically and internationally to exchange AHR-related information/knowledge in order to facilitate national consensus and best practices that are evidence-based to safeguard health and safety while protecting values and ethics.
- Ongoing work to serve as a single, centralized, integrated entity keeping abreast of research and innovations in AHR, assessing evidence regarding health and safety risks, and disseminating knowledge to professionals, patient groups and the general public.
- Continuing to expand and enhance education and outreach activities accessible to all Canadians in order to raise awareness of infertility risks and inform of potential risks associated with AHR technologies.

[3] Type is defined as follows: **previously committed to**—committed to in the first or second fiscal year prior to the subject year of the report; **ongoing**—committed to at least three fiscal years prior to the subject year of the report; and **new**—newly committed to in the reporting year of the RPP or DPR.

Priority	Type[4]	Program Activity
4. Achieve Excellence in Governance and Management	Ongoing	Internal Services

Description

Why is this a priority?

AHRC is committed to the judicious use of its resources and ensures that its activities are carried out in a cost-effective manner. As prescribed by the *AHR Act*, the Board of Directors is responsible for the overall management of AHRC including providing advice to the Minister of Health, approval of AHRC's goals, operational policies and budget, and the evaluation of AHRC's performance.

Plans for meeting the priority

- Continue to engage the Board of Directors in developing its planning and reporting instruments including strategic planning, and integrated business and human resources planning.
- As the Agency evolves, staffing continues to be aligned based on its role and responsibilities. AHRC's Internal Financial Governance and Control framework is used to maintain prudent financial management in accordance with Treasury Board policies.

[4] Type is defined as follows: **previously committed to**—committed to in the first or second fiscal year prior to the subject year of the report; **ongoing**—committed to at least three fiscal years prior to the subject year of the report; and **new**—newly committed to in the reporting year of the RPP or DPR.

Risk Analysis

In a field as complex and fast-changing as assisted human reproduction (AHR), there remain health and safety risks to Canadians who use or are born of AHR technologies.

A recent study investigating the prevalence of infertility in Canada shows that an estimated 16%, or one in six couples[5], suffers from infertility (defined as a failure to conceive after trying for a period of 12 months). There has also been a significant increase in the use of AHR in Canada, which has important implications for individual and public health, including an increased number of preterm or multiple births. AHRC has responded with a focus on knowledge transfer and stakeholder partnerships in areas such as: facilitating the development and promotion of a Canadian Framework with national targets to reduce multiple births that are a result of AHR; developing a web-based multiple birth patient portal to educate and inform Canadians; producing information products about infertility, using donated gametes or donating gametes to a third party and creating fact sheets to promote a better understanding of the prohibitions under the *AHR Act*.

Rapid technological advances may present health, safety, ethical and social challenges, and illustrate the importance of integrating ethical considerations into AHR activities. AHRC has kept pace with such developments: continually scanning the horizon to identify the latest scientific developments and their implications; developing credible, evidence-based health information; and liaising with other jurisdictions engaged in these issues, domestically and internationally.

Growing numbers are travelling to foreign destinations to access AHR services, which may present both health risks for patients and their offspring and health costs for Canadian society. AHRC is working with professional associations to raise awareness of risks and to promote evidence-based, informed decisions by Canadians considering cross-border reproductive care.

The Supreme Court of Canada opinion declared parts of the *AHR Act* unconstitutional, thereby significantly curtailing many activities that had been envisioned. At the same time, those aspects of health protection and promotion related to AHR that remain a federal responsibility are complex issues, often with ethical, legal, compliance and social dimensions. At the same time, other parties may be called upon to address Canadians expectations for oversight in the field of AHR that fall outside of federal jurisdiction.

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[5] Tracey Bushnik, Jocelynn L. Cook, A. Albert Yuzpe, Suzanne Tough, and John Collins, Estimating the prevalence of infertility in Canada. Human Reproduction, first published online January 17, 2012 doi:10.1093/humrep/der465

Planning Summary

Assisted Human Reproduction Canada is allocated a resource envelope of $10.5 million for fiscal year 2012–13. Of this amount, $9.9 million requires approval by Parliament and the remaining $614,600 represents a statutory forecast of employer related expenditures that do not require additional parliamentary approval and is provided for information purposes. Since its inception, AHRC's expenditures have been well below its annual parliamentary allocation of $10.5 million.

The following table summarizes AHRC's total authorized spending for the next three fiscal years. While AHRC is authorized to spend $10.5 million and staff 44 FTEs, the Agency anticipates its expenditures will be less than $3 million and staff less than 12 FTEs for 2012-13.

Financial Resources ($ Millions)

2012–13	2013–14	2014–15
10.5	10.5	10.5

Human Resources (Full-Time Equivalent—FTE)

2012–13	2013–14	2014–15
44	44	44

Strategic Outcome: Protection and promotion of health and safety of Canadians in relation to assisted human reproduction and related to research, within a sound ethical framework.

Performance Indicators	Targets
The Compliance and Enforcement framework for assisted human reproduction including complaint management is fully implemented and managed. Operational guidelines to administer the *Assisted Human Reproduction Act* and its associated regulations are well developed and understood and adhered to by the stakeholder community.	100% of complaints assessed and addressed. Timely and accessible compliance information on the administration of the *AHR Act* to 100% of the known stakeholder community. Monitoring, assessing and taking corrective action with respect to the prohibitions. Increased collaboration and consultation amongst governments and stakeholders to advance key AHR health and safety issues and facilitate best practices year over year, collectively working to safeguard Canadians who build their families using AHR and those born of the technologies.
Stakeholders are knowledgeable and engaged in AHR issues and activities. Stakeholders are applying evidence-based decision making leading to improved health outcomes. The AHR community shares and exchanges best practices related to principles and science for the benefit all Canadians.	70% of stakeholders indicate increased knowledge as a result of tools developed, materials published and meetings/forums facilitated by AHRC. Increased number of partnerships and engagement with stakeholders. Increased number of stakeholders using or applying evidence-based tools coordinated by AHRC. Working with the AHR community, decrease the twin rate to 25% in all clinics in Canada by 2012 and 15% by 2015. Increased number of papers, abstracts and presentations on AHR topics.
Support the needs of programs and other corporate obligations of the organization.	Success of program areas to deliver the Agency's strategic outcome and to achieve their PAA targets.

Planning Summary Table ($ Millions)

Program Activity	Forecast Spending 2011–12	Planned Spending			Alignment to Government of Canada Outcomes
		2012–13	2013–14	2014–15	
1.1 Regulatory Compliance.	0.8	0.8	0.8	0.8	Healthy Canadians
1.2 Knowledge Transfer Program	1.2	1.1	1.1	1.1	
Total Planned Spending	**2.0**	**1.9**	**1.9**	**1.9**	

Planning Summary Table ($ Millions)

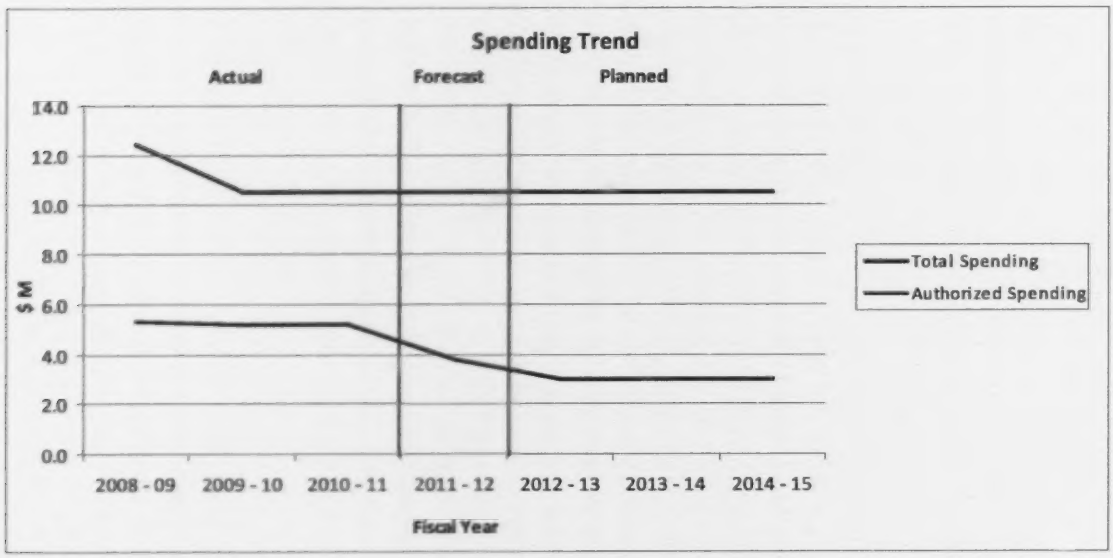
Program Activity	Forecast Spending 2011–12	Planned Spending		
		2012–13	2013–14	2014–15
Internal Services	1.8	1.1	1.1	1.1
Total Planned Spending	**3.8**	**3.0**	**3.0**	**3.0**

Note: The Treasury Board authorized spending for the Fiscal Year 2012-13 is $10.5 million, yet the Agency forecasts to spend less than $3 million.

Expenditure Profile

AHRC adheres to prudent fiscal management principles in accordance with the *Financial Administration Act,* and intends to spend less than its authorized $10.5 million for the 2012-13 fiscal year. With a staff complement of less than 12 FTEs, AHRC plans to spend less than $ 3.0 million to achieve the expected results and strategic outcome "protection and promotion of health and safety of Canadians in relation to assisted human reproduction and related research, within a sound ethical framework."

Departmental Spending Trend



Estimates by Vote

For information on our organizational appropriations, please see the 2012–13 Main Estimates publication.

Section II: Analysis of Program Activities by Strategic Outcome

Strategic Outcome

The Agency's Strategic Outcome is: Protection and promotion of health and safety of Canadians in relation to assisted human reproduction and related research, within a sound ethical framework.

The following section describes the two Program Activities (PAs) through which the Agency works to achieve the Strategic Outcome, and for each, identifies the expected results, performance indicators and targets. This section also explains how the Agency plans to achieve the expected results and presents the financial and human resources that will be dedicated to each Program Activity.

Program Activity: 1.1 – Regulatory Compliance Program

Program Activity Descriptions

This Program relates to promoting compliance with the *Assisted Human Reproduction Act* and its regulations with a view of protecting the health and safety of gamete donors, patients undergoing and children born of assisted human reproduction (AHR) procedures. The activities include addressing complaints about non-compliance, enforcing prohibitions, issuing licenses for controlled activities (AHR procedures and research) and premises and conducting inspections. It also includes ensuring receipt of prescribed information about gamete donors, persons undergoing AHR procedures, and the resulting children for purposes of a Personal Health Information Registry to be maintained by Assisted Human Reproduction Canada (AHRC). Information in the Registry is used to monitor health outcomes, inform research and disclose relevant donor information where permitted under *the Act*, while respecting privacy obligations. To facilitate compliance with *the Act* and the application of the Registry, AHRC will develop and promote administrative procedures, electronic tools, such as databases and electronic forms, and guidance documents. The Agency will also enlist the participation and support of AHR-related organizations in the ongoing planning and monitoring of this program activity.

On December 22, 2010, the Supreme Court of Canada (SCC) rendered its opinion regarding the constitutionality of certain sections of the *AHR Act*. The SCC opinion confirmed the federal role in prohibiting undesirable activities in the field of AHR, but considered the controlled activities and licensing provisions (other than reimbursement), as well as the provisions for the collection of health reporting information, to be unconstitutional as outside the scope of the federal criminal law power.

Financial Resources ($ Millions)

2012–13	2013–14	2014–15
0.8	0.8	0.8

While AHRC is authorized to spend $4.3 million and staff 16 FTEs on this Program Activity in each of the next three fiscal years, the planned spending will be $0.8 million and planned staffing of 3 FTEs.

Human Resources (Full-Time Equivalent—FTE)

2012–13	2013–14	2014–15
3	3	3

Program Activity Expected Results	Performance Indicators	Targets
Compliance with the *AHR Act* with a view of protecting the health and safety of Canadians.	Operational guidelines to administer the *AHR Act* and its associated regulations are well developed and understood and adhered to by the stakeholder community.	Timely and accessible compliance information on the prohibitions of the *AHR Act* to the stakeholder community as well as increased collaboration and consultation with stakeholders.
		Ongoing monitoring, assessing and taking corrective action with respect to the prohibitions.
	The Compliance and Enforcement framework for assisted human reproduction including complaint management is fully implemented and managed.	100% of complaints assessed and addressed.
	Collaboration with law enforcement authorities and professional bodies in enforcing, as necessary, the prohibitions of the *AHR Act*.	Increased collaborative initiatives with RCMP and provincial Colleges of Physicians and Surgeons.

Planning Highlights

In order to achieve the expected result, the Agency is focusing on activities that support delivery of its compliance and enforcement mandate with respect to the prohibitions of the *AHR Act*. This includes:

- Continuing to respond, in a timely and accessible manner, to all allegations of violation of the prohibitions of the *AHR Act* that are brought to its attention;
- Continuing to monitor compliance through various activities such as monitoring internet/Web sites for sites promoting activities that are in violation of the prohibitions;
- Continuing to interact with provincial Colleges of Physicians and Surgeons and law enforcement authorities to formalize the process for referring to them allegations of violation of the prohibitions of the *AHR Act*; and,
- Increasing the number of communications to relevant parties and public about compliance.

Program Activity: 1.2 – Knowledge Transfer Program

Program Activity Descriptions

The goal of this program is to promote and encourage the sharing and advancement of knowledge related to infertility and assisted human reproduction (AHR) with Canadians and organizations in the AHR community. This work is expected to support informed and evidence-based decision making about infertility and AHR-related practices and procedures by AHR professionals, patients and prospective patients. Along with the Agency's website, education materials such as brochures are produced for distribution to the public with a view to increasing awareness of those impacted by infertility and AHR procedures of, for example, AHR options and infertility risks. Assisted Human Reproduction Canada also facilitates research, scans the scientific horizon through the Board's Science Advisory Panel and, often in partnership with national and international professionals, holds workshops and seminars on AHR issues. AHRC integrates and uses the results of these activities to stimulate further discussion, advance and disseminate knowledge among AHR professionals in order to facilitate informed and evidence-based decision-making that takes account of continually evolving science. This work conforms with the Agency's responsibilities under the *Assisted Human Reproduction Act* of consulting persons and organizations and monitoring and evaluating developments within Canada and internationally, and providing information to the public and to the professional bodies respecting AHR.

Financial Resources ($ Millions)

2012–13	2013–14	2014–15
1.1	1.1	1.1

While AHRC is authorized to spend $2.6 million and staff 11 FTEs on this Program Activity in each of the next three fiscal years, the planned spending will be $1.1 million and planned staffing of 3 FTEs.

Human Resources (Full-Time Equivalent—FTE)

2012–13	2013–14	2014–15
3	3	3

Program Activity Expected Results	Performance Indicators	Targets
AHRC is a centre of expertise on AHR in Canada operating as a single, centralized, integrated, pan-Canadian organization able to build and sustain relationships with stakeholders. AHRC will promote the safest and healthiest technologies for Canadians who will build their families using AHR and increase the application of knowledge for society.	Number of Professional bodies and Patient Organizations in the AHR community engaged with AHRC.	Increase of collaborative initiatives, engagement and partnerships with stakeholders.
Stakeholders are knowledgeable and engaged in AHR issues and activities.	% of stakeholders indicating increased knowledge as a result of participation in meetings/forums/workshops/symposiums facilitated by AHRC.	70% participation rate.
	# Information/education materials published and disseminated.	Five (5) products published and disseminated by AHRC.
	Increased volume of site visits to AHRC Web site.	20% increase of site visits to AHRC Web site.
	# of collaborative initiatives with stakeholders supported by the Stakeholder Outreach Program and Patients/Clients Outreach Strategy.	Increase of collaborative initiatives and engagement.

Program Activity Expected Results	Performance Indicators	Targets
Stakeholders are applying evidence-based decision making leading to improved health outcomes.	Tools developed to support evidence-based decision making.	Development and dissemination of tools for decision making.
	% of stakeholders using or applying evidence-based tools generated by AHRC.	60% of stakeholders using or applying tools.
	Multiple births relative to the annual number of AHR procedures in Canada.	Working with the AHR community, decrease the twin rate to 25% in all clinics in Canada by 2012 and 15% by 2015.
The AHR community shares and exchanges best practices related to principles and science for the benefit of Canadians.	Implementation of actions to support a framework to measure AHR-related outcomes for women and children in Canada.	Improved data monitoring and data quality within the AHR community with respect to health and safety of AHR.
	Production of scientific reviews of rapidly changing scientific knowledge in the field of AHR.	Three scientific reviews per annum of innovations and key emerging topics in the field of AHR.
	Production of Horizon Scanning reports on new and upcoming scientific developments in the field of AHR.	Increase in updates on new and upcoming scientific developments supported by the Science Advisory Panel.
Stakeholders are more knowledgeable of AHR options and infertility risks.	Number of educational initiatives, workshops, symposiums, or conferences focused on infertility risk factors facilitated by AHRC.	Facilitation workshops/sessions presenting the Canadian Community Health Survey (CCHS) results coordinated by AHRC.
	Number of communication vehicles shared with the Canadian public on subjects such as infertility risks and prevalence, including publications, data, and Web material.	Increased communications and awareness of health and safety to the general public.

Planning Highlights

In order to achieve the expected results, AHRC plans to undertake the following activities:

- Continued Horizon Scanning and reviews of the scientific evidence in AHR by the AHRC Board of Directors' Science Advisory Panel, and increased efforts to convey the expertise of the Science Advisory Panel to the public via the AHRC web site.
- Continued facilitation of committees dedicated to updated and improved evidence-based practice of AHR in Canada, including the Healthy Singleton Birth Committee, whose primary goal is to promote healthy singleton births and use of elective Single Embryo Transfer (eSET) in AHR procedures.
- Implementation of Stakeholder Outreach Program with a focus on the delivery of the Patients/Clients Outreach Strategy to understand their needs and concerns, thus serving as a national centre of expertise for Canadians.
- Continued analysis and dissemination of the Canadian Community Health Survey (CCHS) Infertility Module data, the first data gathered on rates of infertility in Canada in almost 20 years. In collaboration with other government departments, agencies and organizations, AHRC will integrate the results into the Agency's health promotion and educational activity planning.

Program Activity: 2.1 – Internal Services

Program Activity Descriptions

Internal Services are groups of related activities and resources that are administered to support the needs of programs and other corporate obligations of an organization. These groups are: President's Office, Management and Oversight Services; Policy and Planning Services; Board of Directors' Management Services; Legal Services; Human Resources Management Services; Financial Management Services; Information Management Services; Information Technology Services; Real Property Services; Material Services; Acquisition Services; Security; and Other Administrative Services. Internal Services include only those activities and resources that apply across the organization and not to those provided specifically to a program activity.

AHRC, as a small Agency, receives its Internal Services through a combination of Agency-supplied services and those provided through various Memoranda of Understanding (MOU) with other departments. For example, the Agency maintains a multi-faceted MOU with Health Canada for the provision of operational and corporate support services covering areas such as finance, human resources, security, IM/IT, and material management services in an effort to minimize Agency expenditures while using expert services in Health Canada.

Financial Resources ($ Millions)

2012–13	2013–14	2014–15
1.1	1.1	1.1

While AHRC is authorized to spend $3.6 million and staff 17 FTEs on this Program Activity in each of the next three fiscal years, the planned spending will be $1.1 million and planned staffing of 6 FTEs.

Human Resources (Full-Time Equivalent—FTE)

2012–13	2013–14	2014–15
6	6	6

Planning Highlights

AHRC responds to the challenge of providing sustainable Internal Services through its establishment of policies, processes and service delivery in the areas of finance, procurement, human resources, information management (including Access to Information and Privacy), and information technology. Wherever practical, this includes consideration and use of best practice models including alternative service provision methods. The Agency continues to improve its Internal Services to ensure delivery of service in a transparent, cost effective, and timely manner.

In 2012-13, AHRC intends to re-negotiate with Health Canada a comprehensive Memoranda of Understanding (MOU) that encompasses the many areas and activities of these Internal Services.

In the area of human resources, AHRC has integrated its business planning and human resource planning and will continue to integrate its resourcing strategy in accordance with Public Service Commission and other relevant Central Agency policies.

In the area of financial management, AHRC integrated business mapping to further refine its operational support and governance processes. The continued stewardship over financial resources is a key enabler to delineate resource use in accordance with operational plans and support to mandated program activities.

In order to achieve Internal Services objectives, planning highlights include:

- Renegotiating Memoranda of Understanding (MOU) with service providers to update services as required.
- Refining the Internal Financial Control Framework to encompass financial management, risk management, financial delegation and contracting.
- Enhance business process mapping to delineate resource use by program activities.

Section III: Supplementary Information

Financial Highlights

The future-oriented financial highlights presented in this report provide a general overview of the Agency's financial position and operations. Future-oriented Financial Statements are prepared on an annual basis to strengthen accountability and improve transparency and financial management. The statements are located on the Agency's Web site.

Future-Oriented
Condensed Statement of Operations
For the Year (ended March 31)
($ Millions)

	$ Change	Future-Oriented 2012-13	Future-Oriented 2011-12
Total Expenses	(0.8)	3.5	4.3
Total Revenues	-	-	-
Net Cost of Operations	(0.8)	3.5	4.3

Condensed Statement of Financial Position

For the Year (ended March 31)
($ Millions)

	$ Change	Future-Oriented 2012-13	Future-Oriented 2011-12
Total assets	(0.05)	0.09	0.14
Total liabilities	(0.07)	0.34	0.41
Equity	0.02	(0.25)	(0.27)
Total Liabilities + Equity	(0.05)	0.09	0.14

Future-Oriented Financial Statements

Future-oriented financial statements can be found on AHRC's Web site.

List of Supplementary Information Tables

All electronic supplementary information tables found in the *2012–13 Reports on Plans and Priorities* can be found on the Treasury Board of Canada Secretariat website.

Section IV: Other Items of Interest

Organizational Contact Information

Assisted Human Reproduction Canada

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